

County: Dane

Facility ID: 2200

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CITY VIEW NURSING HOME
3030 CITY VIEW DR

MADISON 53718 Phone: (608) 242-5020

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/04): 53

Total Licensed Bed Capacity (12/31/04): 54

Number of Residents on 12/31/04: 39

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 41

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		28.2	
Home Health Care	No	-----	-----	-----	-----	1 - 4 Years		48.7	
Supp. Home Care-Personal Care	No	Developmental Disabilities	0.0	Under 65	25.6	More Than 4 Years		23.1	
Supp. Home Care-Household Services	No	Mental Illness (Org./Psy)	43.6	65 - 74	7.7			-----	
Day Services	No	Mental Illness (Other)	7.7	75 - 84	33.3			100.0	
Respite Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	25.6	*****			
Adult Day Care	No	Para-, Quadra-, Hemiplegic	5.1	95 & Over	7.7	Full-Time Equivalent			
Adult Day Health Care	No	Cancer	0.0		-----	Nursing Staff per 100 Residents			
Congregate Meals	No	Fractures	2.6		100.0	(12/31/04)			
Home Delivered Meals	No	Cardiovascular	2.6	65 & Over	74.4	-----			
Other Meals	No	Cerebrovascular	20.5		-----	RNs		8.1	
Transportation	No	Diabetes	2.6	Gender	%	LPNs		20.1	
Referral Service	No	Respiratory	0.0		-----	Nursing Assistants,			
Other Services	Yes	Other Medical Conditions	15.4	Male	41.0	Aides, & Orderlies			
Provide Day Programming for			-----	Female	59.0				
Mentally Ill	No		100.0		-----				
Provide Day Programming for					100.0				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	28	100.0	127	0	0.0	0	5	100.0	168	0	0.0	0	6	100.0	127	39	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		28	100.0		0	0.0		5	100.0		0	0.0		6	100.0		39	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally Dependent	Total Number of Residents
Private Home/No Home Health	6.7	Daily Living (ADL)	Independent	One Or Two Staff		
Private Home/With Home Health	0.0	Bathing	5.1	46.2	48.7	39
Other Nursing Homes	2.7	Dressing	5.1	82.1	12.8	39
Acute Care Hospitals	86.7	Transferring	15.4	46.2	38.5	39
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	7.7	25.6	66.7	39
Rehabilitation Hospitals	0.0	Eating	48.7	30.8	20.5	39
Other Locations	4.0	*****				
Total Number of Admissions	75	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	5.1	Receiving Respiratory Care	7.7	
Private Home/No Home Health	15.6	Occ/Freq. Incontinent of Bladder	82.1	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	28.6	Occ/Freq. Incontinent of Bowel	61.5	Receiving Suctioning	0.0	
Other Nursing Homes	7.8			Receiving Ostomy Care	0.0	
Acute Care Hospitals	16.9	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	10.3	Receiving Mechanically Altered Diets	53.8	
Rehabilitation Hospitals	0.0					
Other Locations	15.6	Skin Care		Other Resident Characteristics		
Deaths	15.6	With Pressure Sores	5.1	Have Advance Directives	100.0	
Total Number of Discharges		With Rashes	2.6	Medications		
(Including Deaths)	77			Receiving Psychoactive Drugs	69.2	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	75.0	88.5	0.85	89.0	0.84	90.5	0.83	88.8	0.84
Current Residents from In-County	84.6	80.0	1.06	81.8	1.03	82.4	1.03	77.4	1.09
Admissions from In-County, Still Residing	13.3	17.8	0.75	19.0	0.70	20.0	0.67	19.4	0.69
Admissions/Average Daily Census	182.9	184.7	0.99	161.4	1.13	156.2	1.17	146.5	1.25
Discharges/Average Daily Census	187.8	188.6	1.00	163.4	1.15	158.4	1.19	148.0	1.27
Discharges To Private Residence/Average Daily Census	82.9	86.2	0.96	78.6	1.05	72.4	1.14	66.9	1.24
Residents Receiving Skilled Care	100	95.3	1.05	95.5	1.05	94.7	1.06	89.9	1.11
Residents Aged 65 and Older	74.4	92.4	0.80	93.7	0.79	91.8	0.81	87.9	0.85
Title 19 (Medicaid) Funded Residents	71.8	62.9	1.14	60.6	1.18	62.7	1.15	66.1	1.09
Private Pay Funded Residents	12.8	20.3	0.63	26.1	0.49	23.3	0.55	20.6	0.62
Developmentally Disabled Residents	0.0	0.9	0.00	1.0	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	51.3	31.7	1.62	34.4	1.49	37.3	1.38	33.6	1.53
General Medical Service Residents	15.4	21.2	0.73	22.5	0.68	20.4	0.75	21.1	0.73
Impaired ADL (Mean)	60.5	48.6	1.24	48.3	1.25	48.8	1.24	49.4	1.22
Psychological Problems	69.2	56.4	1.23	60.5	1.14	59.4	1.17	57.7	1.20
Nursing Care Required (Mean)	8.7	6.7	1.30	6.8	1.27	6.9	1.26	7.4	1.16